



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT "A"

APPLICANTS: Rother et al. GROUP ART UNIT: 2882
SERIAL NO.: ~~12~~ 117804,944 EXAMINER: Irakli Kiknadze
FILED: March 19, 2004 CONFIRMATION NO.: 8087
TITLE: "X-RAY BEAM EMISSION WINDOW FOR VACUUM TUBES"

MAIL STOP AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

S I R:

In response to the Office Action dated May 25, 2005, Applicants herewith amend the application as follows.

TELEPHONE (312) 258-5500

SCHIFF, HARDIN LLP

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

GROUP ART UNIT: 2882



IN RE APPLICATION OF:

Rother et al.

SERIAL NO.:

10
11/804,944

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P.O. Box 1450

Alexandria, Virginia 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

| CLAIMS AS AMENDED | | | | | | |
|---|--|-------|--|-------------------------|---|--------------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | (6) RATE | (7) ADDITIONAL FEE |
| TOTAL CLAIMS | *4 | MINUS | **5 | X | () X 25.00 () X 50.00 | |
| INDEP. CLAIMS | *1 | MINUS | 1 | X | () X 100.00 () X 200.00 | |
| Application amended to contain any multiple dependent claims not previously paid for. | | | | () YES () NO | () \$180.00 () \$360.00 ONE TIME | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 | |

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ months so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$_____ is attached.

☐ A check for \$_____ accompanying IDS under 37 CFR 1.97(c) is attached

☐ A check for \$_____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.

When phoning re this application, please call (312) 258-5500.

SCHIFF, HARDIN LLP (Customer Number: 26574)

Patent Department

BY

Steven H. Noll

(28,982)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on August 15, 2005

Steven H. Noll

NAME OF APPLICANT'S ATTORNEY

Steven H. Noll

SIGNATURE

August 15, 2005

DATE